

2014 Farmers Agreement



County of Residence: _____
Contact Person: _____

Stamp ID#: _____
Date: _____

BY SIGNING THIS AGREEMENT, THE FARMER AGREES AND UNDERSTANDS TO:

1. Comply with the Federal Regulations and Procedures of the Kansas Senior Farmers' Market Nutrition Program (KSSFMNP) and in the Training Manual amendments to regulations that may be declared at markets and/or mailed to me.
2. Acknowledge receiving interactive training to participate for my first year in the KSSFMNP.
3. Redeem only eligible foods for KSSFMNP checks.
4. Display the KSSFMNP sign when am selling at a Market.
5. Provide eligible foods to participants at or less than the price charged to other customers, and offer participants the same courtesies as other customers.
6. Comply with all civil rights compliance and guidelines.
7. Accept KSSFMNP checks within the dates of their validity and submit such checks for payment within the allowable time period established by KDHE.
8. Safely store all checks collected in a lock box before submitting for reimbursement.
9. Stamp all checks with the KDHE ID stamp provided to me and endorse appropriately while presenting for deposit.
10. Be monitored for compliance by KDHE with KSSFMNP requirements that may include overt and covert monitoring.
11. Not issue cash change for purchases that are in an amount less than the value of the KSSFMNP check; nor collect tax on KSSFMNP checks purchases.
12. Provide information as KDHE may require for Food and Nutrition Service reports.
13. Be accountable for actions of Farmers and employees.
14. Pay KDHE for any checks transacted in violation of this Agreement.
15. Notify KDHE if the Farmer ceases operation prior to the end of the authorized period.

16. Shall not seek restitution from participants for coupons not paid by the State agency.

Sanctions

Major

1st Violation-Immediate suspension from program followed by disqualifications for the remainder of the current year if the violation is not successfully challenged by the farmers.

2nd or more Violations – Permanent disqualification.

Minor

1st and 2nd Violation –Warning letters

3rd or more Violation (regardless of when 1st or 2nd violations occurred) – Suspension from the program followed by disqualification for the remainder of the current year if the violation is not successfully appealed by the Farmer.

Please check one box:

☐ **In compliance with USDA's regulations, I acknowledge that as a first year Authorized Farmers I have received interactive training by submitting this completed form. I understand and agree that it is my responsibility to submit these forms.**

☐ **In compliance with the USDA's regulations, I acknowledge that as a returning Authorized Farmer, I have completed the self lead training course and understood all rules and regulation of the SFMNP. I understand and agree that it is my responsibility to submit these forms.**

Address: _____

City: _____ Telephone: _____

State: _____ Email: _____

Zip: _____ Number of sign needed: _____

Signature: _____

Please Print Name: _____

KDHE Signature: _____

Please Fax this form to Anthony Randles at 785-296-8059

Or mail to
Anthony Randles, 1000 SW Jackson Street, Suite 230, Topeka, KS 66612

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”